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## THE RECIDIVIST.<sup>1</sup>

PAUL E. BOWERS.<sup>2</sup>

The history of the treatment of the criminal bears a striking resemblance to that of the insane. In fact the methods of treating these two maladies of social and physical degeneracy have been identical, have passed through the same periods of evolution and have arrived at the same goal.

The insane were at one time regarded as demon-infested individuals and they were subjected to all manner of barbarous and cunning cruelties to expel evil spirits which were thought to possess them. Later this view was somewhat changed and their insanities were looked upon as being the results of original sin. Religious remedies and lessons in morality were applied, but without results, while methods of torture and punishment were resumed.

The lot of the insane was indeed a sad one until Pinel in 1793 broke the shackles of iron and prejudice from the mentally diseased, proved them to be sick individuals and not the abode of evil spirits or the objects of wrath of an angry God. This marked the beginning of the period of scientific treatment which is in force at the present.

The first idea that regulated humanity's dealings with the violators of her laws was that of vengeance and retaliation. Much time was spent in contriving plans and constructing devices for the torture of prisoners. The stage of vengeance was succeeded by the period in which the idea of retributive justice was prominent. Prisoners were punished cruelly and without reason, the more severe the punishment, the more efficacious it was thought to be. As charitable and modern religious ideas began to permeate and diffuse themselves into the social consciousness, the period of reformation followed the futile and barren era of retribution. The idea of reformation then governed and designated in a large manner the way in which criminals should be dealt with. Prisoners were sent to prison to be reformed and preached at, and though loud were the claims of the reformers many of whom, I regret to say, found their reformatory methods so profitable that they will not relinquish their pet theories even though multitudes of failures are present everywhere, which even a juggling of statistics cannot hide.

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Just as in the case of the insane we have at last entered upon a scientific and humanitarian era in criminology. We no longer regard the habitual convict a demon-possessed unfortunate, or the wilful and conscious chooser of evil, but we do believe, after science has pushed through the crust of orthodoxy and delved into the study of those forces which regulate his actions, that he is mentally and physically defective, that his crimes are manifestations of pathological conditions due to defects of cerebral development or to acquired retrograde changes of the central nervous system.

No matter how hard it may be to view the criminal as a sick man from the pulpit or from the dignified and solemn bench of the jurist, where we have condemned for deliberate sin or have pronounced the penalties of the statutes, we will get that view if we study crime and criminals, not from afar off but in our shirt-sleeves and in the laboratories of psychopathology. It is indeed gratifying to those of us who hold the criminal to be in need of treatment, to know that the courts of justice all over the United States are establishing psychopathic institutes in which to measure the prisoner before he is tried and to give the results of such measurement to the courts which shall then say what shall be done with the delinquent.

After several years' experience as physician-in-charge of the Indiana State Prison, I have found that the prison physician's chief duty is the treatment of mental and not physical diseases. Here he can be as he has been elsewhere the "eternal proselyter" for reform and progress. By reason of his peculiar training, he is filled with a curiosity to search for the "reason why" in every problem that he encounters. The purpose which led to the writing of this paper was the desire which has come to every criminologist to know, why is the recidivist, what are the factors that produce him? Unless these factors are properly and rightly ascertained, any treatment which we may attempt will be of little avail.

*General Considerations.*—The following data has been gathered from the study of one hundred recidivists, all of whom have been convicted at least four times. These men were studied in the same order as their consecutive numbers occur in the prison records. There was no qualification whatever excepting that each one had been convicted not fewer than four times. It is not, therefore, a selected group. My investigations were confined to the clinical study of the men as they were at the time of examination, and the sociological aspects were not touched. The following table will doubtless be of interest.

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### ONE HUNDRED RECIDIVISTS.

Number of convictions .....	697
Number of years served in prison exclusive of time served in jails and workhouses.....	1221
Number admitting the excessive use of alcoholic beverages .....	94
Number professing some form of religion.....	83
*Number admitting having had gonorrhœa.....	74
*Number admitting having had both gonorrhœa and syphilis .....	65
Number admitting history of mental defect in imme- diate family, including insanity, feeble-mindedness, epilepsy and crime .....	56
Number admitting history of tuberculosis in immediate family .....	41
Number of prisoners having had tuberculosis at some time .....	12
Number of prisoners admitting the use of narcotic drugs, such as morphine and cocaine.....	8

\*The occurrence of venereal disease in these men is no doubt much higher than admitted by them.

### MENTAL STATUS OF 100 RECIDIVISTS ASCERTAINED BY PSYCHIATRIC AND PSYCHOLOGICAL EXAMINATION.

Insane .....	12
Feeble-minded .....	23
Constitutionally inferior .....	38
Psychopaths .....	17
Epileptics .....	10

### EDUCATIONAL STATUS OF 100 RECIDIVISTS.

Common school .....	18
Less than common school .....	75
Illiterate .....	7

It is easy to see even from the most superficial glance at these figures that these 100 habitual criminals are defective. This is especially noticeable when we stop to think that seventy-five of them did not even reach the eighth grade and that seven were entirely illiterate. Some objection may be offered against this conclusion, but this is easily overcome by the fact that opportunities for education were good in the majority of these cases. The real cause of the lack

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of education was the inability to assimilate that which was taught them because of mental defect and such physical conditions as poor eyesight, adenoids, defective hearing and a disinclination to study, coupled with a condition of incorrigibility.

At least fifty-six of them bore the burden of some neuropathic taint which bequeathed to them an instability of the nervous system and a sensitized physical economy for the action of degenerative influences.

The majority of the men studied were in a condition of physical insolvency. Seventy-four admitted having had gonorrhœa with the train of symptoms and *sequelae* that follow this dangerous infection, such as gonorrhœal rheumatism, strictures, defective vision and in one instance a heart lesion; 65 of these 74 cases of gonorrhœa had syphilis in addition, the most dread of all diseases to which human flesh is heir. Twenty-five per cent, of all persons in insane hospitals are there due to the direct and remote effects of this disease, which forever blights the person that has felt its sting.

What was the role of alcoholism in these cases? The part it played was that of a contributing factor and not the immediate cause of crime. It served merely to intensify the defect already existing; it weakened already enfeebled volitional powers; it was influential in firing misguided, wild and erratic emotions; it distorted previously inefficient, irrational judgments, in fact, it raised to the nth power all the potential and latent elements for criminality. The same may be said of morphine and other narcotic drugs.

I did not find these prisoners belonging to any distinct anthropological type, but the marks of constitutional inferiority were uniformly present. Among the anatomic defects noticed were malformations of the skull, teeth and palate. The physiologic stigmata were quite uniformly consistent. I found perversions of the sexual instincts, defects of speech and disorders of the nervous system and insensibility to pain. The psychic stigmata were more sharply defined, showing an exaggerated amount of egotism, inability of continuous application to manual work or study, ill-balanced mental activity, moral anesthesia and emotional instability. The esthetic taste was, many times, depraved; tattooing was quite frequent as is common among savages and other people of primitive order.

I will now briefly consider the mental status of the prisoners studied in the order given in the foregoing table.

*Insane Prisoners.*—The twelve men classified under this division had for the basis of their crimes some form of insanity. As

to whether these men were actively insane at the time of the commission of their criminal acts I cannot say—but it is very reasonable to suppose that their insanities must have existed in a latent form at least. Many times crimes and misdemeanors are but expressions of mental disease, and it is a sad commentary on the medical or legal profession that insane individuals are incarcerated in prisons merely because they are suffering with a form of mental disease.

All forms of mental alienation are found among prisoners, but the chief varieties observed among recidivists are dementia precox, paranoia and paranoid states, manic depressive psychosis and hysteria.

“Wilmanns, in a study of 127 vagabonds, found 66 cases of dementia precox.”

The alternate cycles of good behavior and freedom, crime and imprisonment which I have noticed in habitual criminals somewhat resemble the manic depressive psychosis with its intervals of lucidity, separated by periods of depression and excitement. In the period of remission of the cyclic form of criminality the prisoner is exceedingly well behaved and often takes a very active part in the religious services and societies at the prison, and often this individual is thought to have been reformed and that he will become a model citizen. He is sooner or later discharged from prison and he does exceedingly well on his parole for a limited period of time. But shortly our hopes are dashed to the ground, for a second cycle of criminality develops, new crimes are committed and the individual is returned to the prison from whence he came or is sent to some institution in another state. The following is an excellent example of this peculiar phenomenon: Prisoner received at the Indiana State Prison convicted of passing fraudulent check, was classified as insane at the time of admission—was a model prisoner and though a Hebrew, he was exceedingly active in the Protestant Bible Class and professed the Christian religion. After serving his minimum sentence he was paroled and for some length of time he kept his parole obligation very well. He was often pointed out as an example of reformation among prisoners. Very recently it seems that he has developed a new attack of criminality. We have received information from reliable sources that he has passed fraudulent checks in the East, embezzled sums of money ranging from two to three hundred dollars from philanthropic but unsuspecting individuals, tried to consummate a marriage with a daughter of his benefactor although already married, and that he represented himself to be the chaplain of the Indiana State Prison to further help himself in his practice of fraud and embezzlement.

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The paranoiacs form the third class of the insane found in the ranks of the recidivists. They are anti-social, they entertain grievances and delusions of persecution against individuals, society in general or the state; they are especially dangerous because of their shrewdness; their abilities to argue and defend themselves and their powers to deceive even trained physicians render them especially unsafe to others. They temporarily adapt themselves to almost any environment, but sooner or later they enter into periodical conflicts with it. The assassins of prominent men are individuals of this type; their most characteristic crimes are homicides, assaults and various forms of blackmail.

*Feebleminded Prisoners.*—I classed 23 per cent of the habitual criminals whom I studied as feebleminded. In the employment of this term I have endeavored to limit its application to those persons who as a group possess "All degrees of mental defect due to arrested or imperfect mental development, as a result of which the person so affected is incapable of competing on equal terms with his normal fellow, or of managing himself or his affairs with ordinary prudence." This, in the language of the American Association for the Study of the Feebleminded is necessary for the diagnosis of feeble-mindedness.

Various estimates have been made by different physicians and psychologists as to the number of feebleminded persons in penal and reformatory institutions. This number has varied from 20 to 60% and these apparent differences can be easily understood when we consider the various natures of the institutions giving this data and the general broadness or narrowness of the psychopathological examination given.

Dr. Walter E. Fernald has stated: "At least 25% of the inmates of our penal institutions are mentally defective and belong either to the feebleminded or to the defective delinquent class."

"At that rate we should have 20,000 such individuals in adult prisons, and 6,000 in juvenile reformatories, making a total of 26,000 defective delinquents in actual custody, not to mention those who have never been arrested and the large number who have been discharged or paroled from institutions and are now at large. There are doubtless as many defective delinquents at large as there are in custody."

The feebleminded are not in themselves inherently criminal or anti-social. Being easily influenced and unable to control their actions because of their utter defect of perception, reason and judg-

ment, they become the unconscious tools of perverse and anti-social individuals, evil environments and associations. The gross form of feeble-mindedness is easily recognized and its existence is rarely disputed, but the great danger and difficulty lies in the recognition and the proper care for the high-grade feeble-minded persons.

The feeble-minded are subject to attacks of depression and exaltation, and their mental equilibrium being very unstable, the baser elements of their natures assert themselves at such times and this is shown in deeds of violence. Most prostitutes may be classified within the range of feeble-mindedness. The imbeciles seem to be natural liars. The crimes of imbecility are homicides, assaults, rape, petty theft and arson.

*Constitutional Inferiors.*—The largest single group of the habitual criminals that I studied may be classified under the term "constitutional inferior." The term is self-explanatory. While the individual of this group is not feeble-minded in the strict sense of the term, he is below par both mentally and physically. He is unable to stand the strain imposed upon him by the ordinary conventions of society; without assistance he cannot occupy the place that he should in the social order. Indecision, inability, vacillation and dependence are his chief characteristics; he readily takes to every vice that comes across his path, indulges in prostitution, falls an easy victim to the drink and drug habit, his mental operations are slow; his reason and judgment are defective. The constitutional inferiors possess an unsatisfied craving for continual and unusual excitement, and in their impetuous endeavors to secure it they live on the borderline of insanity and criminality, over which they are swept back and forth by the force of tempting circumstances in which they often find themselves; in them the call of the Wanderlust is particularly strong; they travel from place to place and the railroad employees and detectives in particular can testify to this fact; with the coming of warm weather hundreds of them are traversing the continent in search of contentment which leads them in a never-ending chase. Many of them are convicted of petit crimes and a very common one for them to commit is the breaking of box cars to secure food and small plunder.

The treatment to be attempted in this class of cases is the removal of these physical conditions brought about by dissipation and venereal disease, removal from vicious and bad associates, re-education and tactful direction of their thoughts and activities into channels of usefulness. If it were possible to transform their rest-



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lessness and unproductive activity, and if employment could be secured that would in a measure afford them novelty and excitement, their rehabilitation might be expected if it were not for their neuropathic organizations.

*The Psychopaths.*—The class designated as psychopaths form 22% of the total number studied. These are a group of individuals who may be said to be “semi-insane or semi-responsible.” The following is a description of the psychopath by Dr. Parker: “In the psychiatric sense he is neither flesh nor fowl, neither sane nor insane, and he is a dangerous individual at every stage. He is bright, responsive, reactive and in varying degree adaptable for certain periods. He is anti-social, either for brief periods or persistently.”

They are individuals who display many eccentricities of character and of conduct. But these characteristics seem to be no departure from the individual's usual manner of feeling, thinking and acting, nor are they sufficient to warrant calling the individual who possess them insane. Yet these characteristics in question hinder the efficient adjustment of the individual to his environment. It is noted that insanity is a very frequent development in these cases. They have been graphically described by Regis as follows: “Their lives are one long contradiction between the apparent wealth of means and poverty of results.”

Within this class are found the moral imbeciles. “A group of persons of unsound mental temperament who are born with an entire absence of the moral sense, destitute even of the possibility of moral feeling; they are as truly insensible to the moral relations of life, as deficient in this regard as a person who is color-blind is to certain colors, or as one without the ear for music is to the finest harmonies of sound. Although there is usually combined with the absence of moral sensibility more or less weakness of mind, it does happen in some instances that there is a remarkably acute intellect of the cunning type.”

I regret very much that the limits of this paper do not permit further discussion of this very interesting type of the recidivists except to state that these unfortunate moral defectives we generally find to be burdened with an evil heredity, a harsh, unrelenting tyranny of ancestral defect. Many of them are ignorant and do not rise above the level of the feeble-minded; in marked contrast, others are highly educated persons who assent to general propositions concerning right and wrong, and frequently delight in discussing moral customs and laws in order to exploit their casuistic and argumentative

powers. But to them the concrete application of moral or legal restraint is a hardship which they cannot understand.

Sexual perverts of the most disgusting type were found among the psychopaths and no small number of them are met with in all penal institutions and they indeed furnish very difficult problems to be solved in those institutions where it is necessary to put more than one prisoner in a cell.

Whether these anomalies of the sexual instinct are always congenital or not, has not been settled and it does seem that inverse and perverse sexual habits can be acquired early in life by the association with vicious and depraved individuals. They are at any rate an exceedingly dangerous and demoralizing class, which should be permanently isolated to prevent their mingling with others. Murder has often been the outcome of sadistic practices.

Eight of the psychopathic type were drug fiends, six of whom used both cocaine and morphine. The prolonged use of these drugs dulls the perception, enfeebles reason and judgment, diminishes the critical sense of the moral qualities of the mind and so makes and cultivates a tendency to crime. The crimes incident to the use of these drugs are all forms of larceny, forgery, blackmail, embezzlement and petty offenses of all sorts.

In three cases studied, the repeated crimes for which the prisoners were convicted were larceny and burglaries performed because of an irresistible craving and suffering for these drugs. The victims of this habit feel many times no desire to steal nor to commit crime except when narcotized. Police surgeon Dr. Guimball, who has had a wide experience with criminal drug habitues, says of the morphinists the following: "First, morphine causes defects of attention, particularly in the realm of sense observations; second, the ethical sense is blurred. The victim is unable to discriminate any moral basis that should dominate; he acts from impulse; third, his will is lost and power of control over his impulses is lessened; both physical and mental impulses dominate him on the slightest excitations; fourth, the morphinist is literally a lunatic only more subtle and concealed; like the dipsomaniac he is liable to be dominated any moment by impulses that are unforeseen; fifth, responsibility, like judgment, is impaired and enfeebled. He is constantly doing acts and saying things, the import of which he does not understand."

*The Epileptics.*—Ten per cent. of the recidivists that I studied belong to this class. This great neurosis is a fruitful source of crime. Many dangerous acts are committed by the epileptic. He

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is, as a rule, conceited and arrogant; he prefers idleness to employment; he seems to possess a morbid propensity for lying. True gratitude to him is an unknown quality and the general signs of mental instability and weakness are the predominant characteristics of his mental make-up. The unfortunate epileptics are most erratic in their judgment and therefore lacking in the same degree in self-control; they are excessively emotional and given to spells of musing and religiosity; they are extremely fond of notoriety and shrewdly use illegal and immoral methods to secure it.

The violent acts of the epileptic are frequently performed during the automatic states preceding or following a convulsion. Such acts seem to be committed in a perfectly conscious and coherent manner, but in reality consciousness is blotted out, and when the individual regains his normal status there is usually no memory for any of the events that occurred during these periods. After the paroxysm we find that the patient is confused, dazed and weak, and this condition is usually followed by a deep sleep.

The condition known as psychial epilepsy is one in which the paroxysm is replaced by a nervous storm, which is not accompanied by the usual signs of epilepsy. "Psychic epileptics may commit all manner of crimes, theft, arson, rape, assaults and homicides; they are not infrequently pyromaniacs entirely without reason or impelled by the flimsiest motives."

This type of the epileptic neurosis must always be considered when some apparently normal person commits an outrageous act without any assignable cause "Murder by an epileptic should be looked on as being as much a symptom of his disease as is larceny by a general paretic."

"The medico-legal aspects of this type of epilepsy depend, as far as responsibility is concerned, upon our ability to determine the existence of the automatic state at a given moment. This may be difficult to do beyond reasonable doubt, though if we can prove that the person is a sufferer from epilepsy at the time, or ever had it in any form, we can always create a reasonable belief that the patient may have acted while in a seizure, without any intent whatever, and under conditions that make him irresponsible.

"The evidence of the presence of epilepsy needs to be carefully studied in order to arrive at a just conclusion in medico-legal cases. If it can be proven beyond a reasonable doubt that the individual is epileptic the question of responsibility is not difficult after that. We may not be able, it is true, to say positively that he was under

the influence of a seizure at the moment an overt act was committed, while on the other hand, we are equally unable to prove that a seizure was not present. Psychic convulsions defy all ordinary methods of detection. They can readily be noted, however, by one trained to observe their mode of expression."

*Conclusion.*—It is evident after the study of these 100 men that crime and its manner of classification has hitherto received more attention than the criminal himself. We have treated the symptoms rather than the cause. The physical and mental abnormalities which have until recently been disregarded, must receive attention. It is evident that punishment has exerted but little, if any, influence upon these 100 prisoners and years of confinement have failed to reform them. The majority have professed some form of religion and many of them are intensely devout; fear, and not love for their Creator has governed their devotions. For them the professions and ceremonies of religions are easy, but the practice of morality in their social duties is well nigh impossible. As regards their religious professions they may be divided into three classes:

1. Those who profess religion to impress their keepers with an idea of reformation to hasten their release from prison.
2. Those who resort to religious exercises and professions of faith, rich in symbolism and ritualism, to secure a moral narcosis.
3. Those who earnestly seek, as far as their warped judgments and emotional instabilities will permit, a real reformation in character.

If the number that I have studied can be taken to be representative of the habitual criminals, and I believe they can, I feel justified in offering the following conclusions:

1. The recidivist is more or less mentally defective. Habitual criminality may be said to be, even after environmental influences have been considered, an expression of a condition of psycho-physical pathology.
2. Because it has been shown by eminent authorities that heredity is the greatest factor in the production of insanity, epilepsy, feeble-mindedness and other neuropathic states, and because these conditions on the whole, when of the degenerative type, respond but little to treatment, the reformation of the chronic offender is a high-sounding illusion.
3. Since the recidivist is more or less mentally defective and a menace to society, and since he is more or less irresponsible, he should receive treatment rather than punishment. It is of course under-

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stood that society must be adequately protected from his depredations even though he is lacking in responsibility.

4. No offender of the law should be said to be a defective recidivist until it has been shown by repeated, deliberate and conscientious examinations by qualified psychopathologists; these examinations to take place after the third conviction, except in cases of insanity when the condition and suitable treatment are at once apparent.

5. When it has been found that a person is habitually criminal because of mental defect, he should be kept in custody until his mental status is such that he can be released with safety to himself and to the public.

Our penal institutions are maintained at a tremendous cost, and I do not think the public should be compelled to build separate institutions for the defective delinquent, but our prisons should be so remodeled as to have various departments in which to meet the demands and needs of all classes of violators of the law in the same manner as the modern hospital has, surgical, psychopathic, contagious, venereal, obstetrical and other departments to meet its special needs.

The recidivist should be confined in a department in charge of psychiatrists. Individual prisoners should be studied to ascertain their qualitative and quantitative defectiveness that the proper physical and mental treatment may be given.

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### DISCUSSION.

CHARLES E. SCELETH.<sup>1</sup>

We cannot agree with Dr. Bowers' statement that the crimes of habitual criminal convicts are always manifestations of pathological

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conditions, due to defects of cerebral development, or to the retrograde changes of the central nervous system, inherited or acquired.

Doctors Healy and Edith Spalding's study of inheritance as a factor in criminality, in one thousand cases, states that they could find no proof of the existence of hereditary criminalistic traits as such, and class inheritance of these traits as an unsubstantiated metaphysical hypothesis. Again—why the one black sheep in a family of well-behaved sisters and brothers?

We all know that the criminal class in most cases is recruited from the lower strata of society, and their brains possess evidence of less development, irregularity of convolutions and other conditions which are regarded as below normal; but any pathologist will tell you there is absolutely no pathological anatomy of crime in the brain or central nervous system.

Are criminal acts proof of insanity? That is what we are trying to find out. Can we say because this man has committed criminal acts that he must be insane or have a defective mentality? That has not, by any means been worked out. Yet, this is what Dr. Bowers takes as assured. He quotes 100 cases of habitual criminals without a single case that he considers normal. In many instances the abnormalities that he classifies as such, could be applied to any number of cases outside of prison who show no criminal tendencies. Many families that have a history of mental defects, feeble-mindedness, epilepsy, tuberculosis, and even insanity, still have no habitual criminals.

Of course, a great deal depends on what we mean by abnormal—for it can truthfully be stated that there does not exist a man in the whole world who would act normal under every trying condition. For instance:—under starvation; great privation; or in shipwrecks; or again under excitement in mobs. And I believe that if many of us who are classed as normal and are fairly successful in life, were subjected to the same environment and conditions that some of our habitual criminals have to contend with, we would be recidivists today.

Under the history or etiology of these cases, the doctor makes many statements that I am unable to find of any value. For instance:—that 94 of them admitted the use of alcoholic beverages. This does not mean anything definite! If they were chronic alcoholics with the resulting mental and moral degeneration, it would mean something. That 83 per cent of them profess some form of religion, does not make them distinctive. That only 74 of them had gonorrhoea is surprising to me because any G. U. specialist or general practitioner will give from 80 to 90 per cent as an average of such cases outside of prison. Neither can I see any connection between gonorrhoea and criminalistic tendencies. Dr. Bowers says that 65 per cent had syphilis. If their statements are true it would be surprising, to say the least. Evidences of syphilis in the dead bodies of inmates dying in prison are not nearly so high in this country; and our own experience of over 800 autopsies during the past 14 years bears out the statement that 15 per cent is nearer the true figure.

If we are making any pretense of giving information of the slightest scientific value, unsubstantiated prisoners' statements are of little use, as many of them get a diagnosis of syphilis from their friends, or druggists, or quack physicians, when they only have chancroids. If Dr. Bowers did not have a Wassermann done in each of the hundred cases, his report has not much merit.

The relation of syphilis and alcohol to crime is not proven. That it is more prevalent among criminals than others is to be expected; that syphilitics and alcoholics make poor ancestors we all know. But who has made a scientific demonstration that syphilis and alcoholism are a direct cause of crime? Remember the number who are not criminals.

In our experience general paresis and tabes are not especially prevalent in prisons among the habitual criminals. Our experience is that syphilis is more common among our alcoholics, as very few men acquire syphilis while sober.

In the 56 cases admitting mental defects the immediate family, including insanity, feeble-mindedness, epilepsy and crime, the doctor goes around in a circle. The statement that 41 of the cases had tuberculosis in the family is too vague and too general to be of any value. And that 12 per cent of the prisoners had tuberculosis at one time does not mean anything. We cannot consider tuberculosis as a criminal factor, except that a tubercular case is not so well constituted or equipped to fight for a living, but the same can be said of any physical ailment. And we are saying nothing about the vast number of tubercular cases that are not criminal.

Among the eight cases of drug habitues could we not just as well consider morphinism and alcoholism as a symptom of mental defect in place of a cause?

I cannot see that his educational status differs from the normal non-criminal factory or laboring class. As to the anatomic defects, malformations of the skull, teeth and palate—the old Lombrosian idea—they are all found among non-criminals. Perversions of sexual instincts, in many cases are acquired in prisons as they are in the army, navy and among sailors.

Again the esthetic sense is given as depraved; tattooing being cited by the doctor as an example, as being common among the savages and people of a primitive order. What about sailors? Is tattooing not often a custom with certain classes?

With an average of 2,000 inmates and a moving population of 50 a day, we receive over 30 cases per month in the Chicago House of Correction who are absolutely insane and have to be transferred to the Detention Hospital for trial and commitment to a State Hospital. There are fully twice that number who belong in an asylum, but at the present time they are not considered by the court and jury as insane enough to commit. We believe that there is a greater percentage of mental defectives in prison than out of it, but we should not make any statements that are not absolutely true and we had better underestimate or we will do more harm than good.

We cannot agree that Doctor Bowers has shown that all habitual

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criminals are mental defectives! The matter is not so simple by any means, as the doctor's paper would lead you to suppose. We are only on the threshold of knowledge and it will take years of hard conscientious work to settle some of the questions involved. Suppose that a normal child from normal parents is taken charge of by persons who instruct the child to steal and the child becomes a habitual criminal. Is it a case of mental degeneration or environment?

To my mind this is where Doctor Bowers has made a serious mistake. It must be proven first, that surroundings and environment and adverse conditions of life have nothing to do with crime before we have the right to assume, as the doctor does in his second conclusion, that reformation in the majority of these cases is hopeless.

In his third conclusion, which partly contradicts the second, we certainly agree with him that the habitual criminal should receive treatment directed toward reformation, rather than punishment.